PO Box 96071
Washington, DC
20090-6071
Main Phone: 202-463-9455
info@zerocancer.org

A Message from ZERO Prostate Cancer

ZERO's Takeaway: Focal therapy targets the area of the prostate where cancer has been found, rather than treating the whole prostate. It may have fewer side effects for some people, but it is **not a standard first treatment** for most patients with newly diagnosed prostate cancer that has not spread. Talk with your health care team about whether it is appropriate for you based on your specific cancer and treatment goals.

A prostate cancer diagnosis can bring many questions. It is normal to want to learn about all of your options. You may hear about focal therapy and have questions about what it is and when it may be appropriate. Focal therapy is a type of treatment that targets only the area of the prostate where cancer has been found. These treatments may use heat, cold, electricity, or other forms of energy to destroy tissue. Some examples include:

- **HIFU**: High-intensity focused ultrasound
- **Cryotherapy**: Freezing the cancer
- **IRE**: Irreversible electroporation, sometimes called Nanoknife

Other focal therapy approaches are also being studied.

Some patients are interested in focal therapy because it may treat less of the prostate and may lower the risk of some urinary or sexual side effects. At the same time, it is important to consider how focal therapy compares with other treatment options in terms of cancer control, side effects, and follow-up needs.

What the Guidelines Say

Leading medical groups, including the **American Urological Association (AUA)** and the **National Comprehensive Cancer Network (NCCN)**, provide guidance on when focal therapy may be considered.

- **It is still being studied:** For most patients with newly diagnosed prostate cancer that has not spread, focal therapy is still being studied. There is not enough long-term evidence to know if it works as well as standard treatments, such as surgery or radiation.
- **Its use is limited:** Focal therapy is not a standard first treatment for most patients with newly diagnosed prostate cancer that has not spread. In some cases, it may be considered for carefully selected patients, such as those with cancer that appears limited to one area of the prostate and whose imaging and biopsy findings closely match.
- **Recurrence after radiation**: In some cases, focal therapy may also be considered when prostate cancer comes back after radiation and appears to still be limited to the prostate.
- **Clinical trials may be an option:** For some patients interested in focal therapy, participation in a clinical trial may be an appropriate option to discuss with their care team. Clinical trials help doctors learn more about new treatments while protecting patient safety.
- **Experience matters:** If you are thinking about focal therapy, it is important to ask whether your doctor and treatment center have experience with these procedures. Also ask how they choose patients, look for cancer in other parts of the prostate, and follow patients after treatment.

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Important Things to Know About Focal Therapy

Focal therapy is not right for everyone because:

1. **Cancer can be missed:** Prostate cancer often grows in more than one part of the prostate. Tests such as MRI may miss small areas of cancer outside the treated area.
2. **There is less long-term evidence:** Doctors have many years of data showing that standard treatments, such as surgery and radiation, can control prostate cancer. Focal therapy does not yet have the same long-term proof, although research is continuing.
3. **Close follow-up is needed:** If you choose focal therapy, you will still need careful follow-up. This may include PSA tests, MRI scans, and repeat biopsies to check whether cancer is still there or has come back.

For some patients, standard treatment options may also address the goals that make focal therapy appealing, including cancer control and preserving quality of life. Your health care team can help explain how these options compare based on your specific cancer and priorities.

You may see ads claiming focal therapy is “curative” or “risk-free.” These claims can be misleading. Focal therapy may cause fewer sexual or urinary side effects for some patients, but it still has risks. If you hear claims like these, ask what evidence supports them for your specific type of cancer. It is best to rely on **guideline-based information and conversations with your health care team**, not marketing claims.

Questions to Ask Your Care Team

If you are thinking about focal therapy, ask your health care team:

- Is focal therapy recommended in the AUA or NCCN guidelines for my specific type of cancer?
- What is it about my cancer—such as its grade, stage, or test results—that makes me a good or poor candidate for focal therapy?
- Is this being offered as part of a clinical trial?
- What other treatment options are reasonable for me, and how do their possible benefits, side effects, and outcomes compare with focal therapy?
- How much experience does this doctor or center have with focal therapy?
- How will we know if the treatment worked or if cancer is still there?
- What follow-up tests will I need, and how often?
- What are the chances I will need surgery, radiation, or another treatment later?

These questions and decisions are best discussed with your care team. Getting a second opinion can also be a helpful part of making an informed decision, especially if you are considering focal therapy or comparing it with other treatment options.
ZERO is here to support you with trusted information, resources, and a community that understands what you are going through. As part of that support, **ZACH (ZERO’s Access to Community Health)** can help answer your prostate cancer questions and connect you to resources. ZACH is a free, AI-supported text service available anytime, anywhere. **Text your question to 1-844-660-9376** to start. This tool can help you prepare for conversations with your doctor, but it does not replace medical advice from your health care team.

For more information

- Visit the ZERO website for trusted information about focal therapy
- NCCN Guidelines for Patients: Early-Stage Prostate Cancer